



Section 15.04(1)(c), Wisconsin Statutes, authorizes the head of a department or independent agency to create and appoint such councils or committees as required in the operation of the department. Members of councils and committees created under this general authority, including statutory councils, shall serve without compensation but may be reimbursed for actual and necessary expenses. Councils created by the state superintendent or authorized by statute shall be identified as the State Superintendent's Advisory Councils.

Nominees to serve on State Superintendent Advisory Committees should reflect an overall representation when assessed in terms of geographic location, and racial and gender balance. All nominees must be knowledgeable of the purpose for the committee to which they are being appointed and willing to commit to the time needed to accomplish the work involved.

I. GENERAL INFORMATION
For DPI Completion

Committee Name	DPI Liaison	
Library Services and Technology Act (LSTA) Advisory Committee	Terrie Howe, LSTA Program Coordinator	
Committee established by		
<input type="checkbox"/> State Requirement	<input type="checkbox"/> Federal Regulations	<input type="checkbox"/> DPI Identified Need
<input type="checkbox"/> Joint State Agency Planning Effort	<input checked="" type="checkbox"/> Other Specify LSTA Plan for Wisconsin	<input type="checkbox"/> Governor's Office
Committee Status is regarded as	Number of Meetings Planned	Total Membership
<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Per Year 2	15

Mission of Committee To advise the State Superintendent and Division for Libraries, Technology, and Community Learning on matters pertaining to the administration of the LSTA program.

II. NOMINEE INFORMATION

Name of Nominee Check <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms	Check One <input type="checkbox"/> Self Nomination <input type="checkbox"/> Nomination by an organization
Address of Nominee Street, City, State, Zip	If nominated by an organization, Indicate Name of Organization
Nominee Telephone Area/No.	Contact Person
E-Mail Address of Nominee\	Contact Person Telephone Area/No.
Working Title of Nominee If applicable	School District in Which Nominee Resides
Optional <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White	Requested only if a requirement for membership Disability Status

For Parent/Legal Guardian Nominees Only

Grade Level(s) of Nominee's School-Age Children	School District of Attendance
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III. STATEMENT OF QUALIFICATION/INTEREST

Briefly describe nominee's qualifications to serve on committee. If this is a self-nomination, provide a statement of interest.

IV. SIGNATURE

Signature of Person Making Nomination or Nominee if Self-nomination	Date Signed
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